WORKFORCE TRAINING FUND TRAINING GRANT NARRATIVE REPORT

(Submit with 2nd and 3rd Payment Requests)

This form must be filled out by a designated company employee.

Grant Recipient:	Date Submitted:
Reporting Period (from):	To:

1. Please describe the grant activities that have taken place during this reporting period. (Refer to the training modules as listed in your grant)

2. Please identify any significant achievements related to the grant during the reporting period. (If a training module has been completed, how has the success of the training been measured? If training is ongoing, identify any achievement you feel may be related to the grant goals and objectives)

3.	Is training proceeding as planned? If no problems related to the grant during the be discussed with your field representative.	e reporting period. (Any problems should
4.	Please discuss planned project activities note that no training changes can take place approval)	
	Preparers Name	Title
	Phone	Date
	Signature	